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APPLICANTS

Todd Michael Burdine, Wappingers Falls, NY;

Donato Orazio Forlenza, Hopewell Junction, NY;
Orazio Pasquale Forlenza, Hopewell Junction, NY; William James Hurley, Poughkeepsie, NY;
Steven Michnowski, Wappingers Falls, NY;
James Bernard Webb, Wallkill, NY;

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** CONTINUING DATA *****

cb
** FOREIGN APPLICATIONS *****

cb
IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 03/05/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature <i>TC Burd</i> Initials	STATE OR COUNTRY NY	SHEETS DRAWING 4	TOTAL CLAIMS 18	INDEPENDENT CLAIMS 3
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ADDRESS

30206
IBM CORPORATION
ROCHESTER IP LAW DEPT. 917
3605 HIGHWAY 52 NORTH
ROCHESTER, MN
55901-7829

TITLE

ABIST-assisted detection of scan chain defects

FILING FEE RECEIVED 770	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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